U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| F | or Official Lise Only |
|---|-----------------------|
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| E | (NIE-87000) |
| | QUMS DEST |

1. File Number **U**-//3/9

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Labor Organization File Number 032-375

Name PAINTERS DISTRICT COUNCIL NO. 14

| P.O. Box, Blug., Room No., if any | P.O. Box, Building and Room Number, if any | | |
|--|--|--|--|
| Street 24514 LAKEWOOD LIV. | Street 1456 W. ADAMS STREET | | |
| City Shorewood | City CHICAGO | | |
| State IL. ZIP Code + 4 6043 | State Illinois ZIP Code + 4 60607 | | |
| 5. Position in labor organization. | and the second s | | |
| Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu | use or minor child directly or indirectly had any of the following interests isions set forth in the instructions): | | |
| A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati | derived income or other economic benefit of on represents or is actively seeking to represent. | | |
| S. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income. | | | |
| Name | | | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | 7.5. A | | |
| Street | 7.b. Amount. | | |
| City | | | |
| State ZIP Code + 4 | | | |
| Sign | ature | | |

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

| yA . | | | |
|--|---|------------------------|----|
| Name of Person Filing | File Number U- | | |
| B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization. | erwise dealing with the busines tively seeking to represent, or adirectly to, or otherwise zation is interested. | s | |
| 8. Name and address of Business (including trade name, if any). Name Arwold A KADIAN Trade Name, if any: Legal Service Provide P.O. Box, Bldg., Room No., if any Street 19 west Jackson Blud. City Chicago State IL. ZIP Code + 4 60604 | 9. Business deals with: a. Labor Organiza b. Trust c. Employer | tion | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such deali | _ | - |
| Name | Holiday | DINNET P. L. | |
| Trade Name, if any: | | (21.9 | |
| P.O. Box, Bldg., Room No., if any | Case of | DINNET Party liquor | |
| Street | 11.b. Approximate dollar valu | | |
| City | 12.a. Nature of interest held | | ·· |
| State ZIP Code + 4 | | | |
| | | | |
| | | | |
| | | | 1 |
| | 12.b. Amount. | | - |

| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | | 14.a. Nature of payment. | |
|---|---------------|--------------------------|--|
| Name | | | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street | | | |
| City | | | |
| State | ZIP Code + 4 | | |
| 13.b. Is the Business an Employer | or Consultant | 14.b. Amount of payment. | |

ADDENDUM TO 2004 FORM LM-30

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.

Signature

Date